

8302 FEB 4 2008

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

ANGE E BURRELL

Plaintiff,

vs.

M.S. EVANS, WARDEN et al.,

Defendant. S

CASE NO. C 08-0846 JSW

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, ANGE E BURRELL, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 13 \$ Net: \$12 MONTHLY

Employer: PRISON OFFICIALS

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)

3 _____
4 _____
5 _____

6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

8 a. Business, Profession or Yes ___ No ☒
9 self employment

10 b. Income from stocks, bonds, Yes ___ No ☒
11 or royalties?

12 c. Rent payments? Yes ___ No ☒

13 d. Pensions, annuities, or Yes ___ No ☒
14 life insurance payments?

15 e. Federal or State welfare payments, Yes ___ No ___
16 Social Security or other govern-
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.

20 _____
21 _____

22 3. Are you married? Yes ___ No ☒

23 Spouse's Full Name: _____

24 Spouse's Place of Employment: _____

25 Spouse's Monthly Salary, Wages or Income: N/A

26 Gross \$ N/A Net \$ N/A

27 4. a. List amount you contribute to your spouse's support: \$ NONE

28 b. List the persons other than your spouse who are dependent upon you for support

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

NONE

5. Do you own or are you buying a home?

Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile?

Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses? STATE EXPENSE

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.) NONE

Case Number: _____

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months at

[prisoner name]

_____ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of ^{T48872} Burrell, Angee for the last six months

at

SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020

[prisoner name]

_____ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 6.21 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 5.43.

Dated: 2/6/08

R. Marcus

[Authorized officer of the institution]

REPORT ID: TS3030 .701.

REPORT DATE: 02/06/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 06, 2008

ACCOUNT NUMBER : T48872

BED/CELL NUMBER: FDB7T20000000228L

ACCOUNT NAME : BURRELL, ANGEE

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
08/01/2007		BEGINNING BALANCE					0.00
08/06	*VD54	INMATE PAYROL	0410 P6/07		4.29		4.29
08/06	*VD54	INMATE PAYROL	0410 P7/07		5.80		10.09
08/09	W515	COPY CHARGE	0477 MCOPY			0.36	9.73
08/10	W515	COPY CHARGE	0482 COPY			0.50	9.23
08/17	W512	LEGAL POSTAGE	0543 ENVEL			0.50	8.73
08/28	*W512	LEGAL POSTAGE	0630 ENVEL			0.90	7.83
08/29	W512	LEGAL POSTAGE	0641 LPOST			4.60	3.23
09/04	W516	LEGAL COPY CH	0665 LCOPY			3.23	0.00
09/07	*VD54	INMATE PAYROL	0711 P8/07		5.55		5.55
09/24	W516	LEGAL COPY CH	0887 LCOPY			0.55	5.00
10/04	*VD54	INMATE PAYROL	0977 P9/07		7.29		12.29
10/04	W512	LEGAL POSTAGE	0985 ENVEL			0.40	11.89
10/04	W515	COPY CHARGE	0989 COPY			0.60	11.29
10/04	W515	COPY CHARGE	0991 MCOPY			0.48	10.81
10/12	W512	LEGAL POSTAGE	1060 ENVEL			0.30	10.51
10/12	W512	LEGAL POSTAGE	1060 LPOST			4.21	6.30
10/22	FC06	DRAW-FAC 6	1140 D7			0.01	6.29
10/23	W512	LEGAL POSTAGE	1150 ENVEL			1.30	4.99
11/06	*VD54	INMATE PAYROL	1255P10/07		2.53		7.52
11/06	W512	LEGAL POSTAGE	1262 LPOST			0.39	7.13
11/06	W512	LEGAL POSTAGE	1262 LPOST			4.60	2.53
11/19	FR01	CANTEEN RETUR	701369			0.01-	2.54
11/26	W512	LEGAL POSTAGE	1422 ENVEL			0.40	2.14
12/06	*VD54	INMATE PAYROL	1497P11/07		4.16		6.30
12/21	FC06	DRAW-FAC 6	1648 D7			6.30	0.00
ACTIVITY FOR 2008							
01/07	*VD54	INMATE PAYROL	1739P12/07		7.63		7.63
01/18	FC06	DRAW-FAC 6	1890 D7			7.63	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 03/05/02

CASE NUMBER: *140644

COUNTY CODE: *ALA

FINE AMOUNT: \$ 2,243.63

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/01/2007		BEGINNING BALANCE		2,088.77

REPORT ID: TS3030 .701

REPORT DATE: 02/06/08

PAGE NO: 2

SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 06, 2008

ACCT: T48872

ACCT NAME: BURRELL, ANGEE

ACCT TYPE: I

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 03/05/02
COUNTY CODE: *ALACASE NUMBER: *140644
FINE AMOUNT: \$ 2,243.63

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
08/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	4.76-	2,084.01
08/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	6.44-	2,077.57
09/07/07	VR54	RESTITUTION DEDUCTION-SUPPORT	6.16-	2,071.41
10/04/07	VR54	RESTITUTION DEDUCTION-SUPPORT	8.08-	2,063.33
11/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	2.80-	2,060.53
12/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT	4.62-	2,055.91
01/07/08	VR54	RESTITUTION DEDUCTION-SUPPORT	8.47-	2,047.44

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	37.25	37.25	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.

ATTEST:

2/6/08
CALIFORNIA DEPARTMENT OF CORRECTIONSBY R. Macias SUSP
TRUST OFFICECURRENT
AVAILABLE
BALANCE

0.00

ANGE BURELL

T48872 07-228

P.O. Box 1050

Seledad, CALIF. 93960

SALINAS VALLEY STATE PRISON

RECEIVED

FEB 15 2008

RICHARD W. WICKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Handwritten signature

CLERK OF THE COURT

U.S. DIST. COURT OF CA (Northern Dist)

450 Golden Gate Ave.

Box 36060
SAN FRANCISCO, CALIF. 94102

LEGAL MAIL ONLY

